

Weather Insurance Application



Insurance Brokerage _____
 Broker Name _____
 Telephone No. _____
 Email Address _____

Mailing Address _____

Fax No. _____
 Producer's License No. _____

Insured Name _____
 Insured Address _____

Contact Person _____
 Telephone No. _____

Fax No. _____

Web site address: _____

Email Address: _____

Has event had weather insurance coverage previously?
 If yes, when: _____
 Carrier used: _____
 Loss history: _____

Event Type: _____
 Event Location(s): _____
 City, ST and ZIP: _____

Dates of Event	Hours of Event From: (am/pm) To: (am/pm)	Hours of Coverage From: (am/pm) To: (am/pm)	Limit Per Day \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RAIN, SNOW OR TEMPERATURE

I. Rain - Total Accumulation:	1/100" _____	1/20" _____	1/10" _____	1/5" _____	1/4" _____	1/3" _____	1/2" _____	3/4" _____	1" _____	Other _____
II. Rain Free Hours:	Rain Free Hours Definition: _____				1/100" _____	2/100" _____	3/100" _____	5/100" _____	Other _____	
_____ hours out of _____ hours					_____	_____	_____	_____		
III. Snow – Total Accumulation	1" _____		2" _____	3" _____	4" _____	5" _____	6" _____	Other _____		
IV. Temperature	Maximum temperature _____				Maximum temperature _____					

Claim Settlement

- Closest National Weather Station (as identified by WIA) _____
- On-Site Independent Weather Observer (to be approved by WIA) _____
- Weather Command (Third Party Doppler Radar Monitoring System)

If an approved independent weather observer is not secured by the Insured, for purposes of claim verification, WIA will designate the closest approved recording station in the terms of the contract. Should the Insured require additional information regarding an observer, please contact WIA.

Coverage is subject to a completed application, payment of premium 12 days prior to coverage inception and acceptance/approval of WIA.

WEATHER INSURANCE IS PREPAID, FULLY EARNED AND CANNOT BE CANCELLED.

Broker
 Signature _____
 Date _____

Insured
 Signature _____
 Date _____